## **Application for Non-Cigarette Tobacco Products Stamp**

Issued under the authority of P.A. 327 of 1993, as amended. Filing is mandatory. You will not receive a stamp unless this form is filed.

Treasury will approve your application and send it to the stamp manufacturer approved by the department. The manufacturer will deliver the stamp to you. Please pay the manufacturer directly. **Do not order a new, replacement or repaired stamp directly from the manufacturer.** Your request must be approved before the stamp can be made.

## **PART 1: APPLICANT NAME AND ADDRESS**

Name of Owner or Trade Name				FE, ME o	FE, ME or TR Number		
Corporate Office Street Address		City		State	ZIP	ZIP Code	
Reason for Stamp Order:		Enter Quantit	y in all boxes that appl	y	1		
Stamp for main location New		Replaceme	Replacement Repa		ir		
Stamp for branch location New		Replaceme	ent R	Repair			
* If stamp is being ordered for	more than one lo	cation a sepa	rate application	must be s	submitted f	or each location.	
Stamp Manufacturer: Currently only one hand stamp manufacturer (listed below) is approved by the Michigan Department of Treasury. Any hand stamp manufacturer who wants to qualify as an approved manufacturer may apply to the Department of Treasury for approval.  Volk Corporation 23936 Industrial Park Dr. Farmington Hills, MI 48335							
Owner's Signature					Daytime Phone Number		
PART 2: SHIPPING ADDRESS							
Provide address of Main or Branch placing Sta	nmp Order						
PART 3: MICHIGAN DEPARTM	ENT OF TREASU	RY APPROVA	.L				
Stamp Number to be Inserted in Seal		Trea	Treasury Authorizing Signature				
PART 4: MANUFACTURER EN	DORSEMENT	,					
A stamp(s) as described above was delivered	Man	Manufacturer Signature					

If you have questions, call (517) 636-4630.

## **Return To:**

Customer Contact Division, Tobacco Taxes Michigan Department of Treasury Treasury Building Lansing, Michigan 48922 Fax: (517) 636-4631